

DEDUCTIBLE MEDICAL EXPENSES

LISTED BELOW ARE **SAMPLES** OF EXPENSES ELIGIBLE UNDER THE CAFETERIA PLAN. USING THIS LIST, ESTIMATE YOUR PLAN YEAR OUT-OF-POCKET MEDICAL RELATED EXPENSES

PARTIAL LIST		
Acupuncture	Eye Glasses (exam, also reading glasses)	Physical exams/therapy/ X-rays
Alcohol and drug addiction treatment	Fertility treatments	Prescription drugs (for medical care, not general health or cosmetic reasons)
Ambulance	First aid kit	Preventative screening
Artificial Limbs, teeth	Flu shots	Psychiatric care
Asthma treatment	Hearing devices and batteries	Psychoanalysis (1) (must treat specific illness)
Bandages and wound care	Hospital bill (for qualifying medical care)	Psychologist (1) (must treat specific illness)
Birth Control	Immunizations	Seeing eye dog
Blood sugar test	Laboratory fees	Smoking cessation (medication/programs)
Chiropractors	Laser/Lasik eye surgery	Special communication equipment for deaf
Co-Insurance (co-pays)	Learning disability instructional fees (1)	Sterilization procedure
Contact lenses (solution and cleaner)	Medical alert bracelet (medical condition) (1)	Surgical fee (for qualifying medical care)
Contraceptives	Medical monitoring/testing (1)	Therapy (for qualified medical care)
Deductibles	Nursing services	Transportation/mileage (for qualified medical care)
Dental Expenses (non-cosmetic)	Orthodontia	Tuition for special needs (i.e. learning disability) (1)
Dentures and Bridges	Orthopedic shoes (1) Only excess cost over reg. shoe	Vasectomy
Diabetic (supplies/insulin)	Oxygen	Walkers/wheelchair
Diagnostic Fees	Physician fees	Weight loss program (1) (to treat specific medical condition i.e. obesity)

OTC drugs and items must be purchased for use by you, your spouse and/or dependents. Examples:

Antacids	Cold Medicine	First Aid Supplies	Pain Medicine	Smoking Cessation Aids
Allergy Medicine	Cough Suppressants	Incontinence Supplies	(Advil, aspirin etc.)	Toothache/teething Medication
Asthma Medicine	Diaper Rash Ointments	Liniments		Wart Removal Medicine

Some items listed above may not be reimbursable under your employers plan. Consult your Summary Plan Description (SPD) for exclusions. Teeth whitening, hair loss drugs and other cosmetic items/procedures are **not** reimbursable.

(1) = Requires written documentation from a Physician specifying medical condition and required treatment. Contact SABC for further information.

All claims must be filed with your insurance carrier first. To claim your expenses, an Explanation of Benefits from your insurance carrier is preferred and may be required. **Important:** The amount you pay your provider at the time of service is not necessarily the amount you will ultimately owe. Your insurance carrier will reduce your out of pocket cost, through network discounts and other predetermined agreements, and a credit will appear on your account.

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